



Registration Form

Agency : _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

Comment:

- 1) Please complete the registration form.
- 2) A currency copy of your State business license(GTE), to do business as a travel agency: as well as your TA (travel agency) license.
- 3) If an ARC/IATA agency, a copy of your ARC/IATA appoint.

Please fax this form to 1-310-533-6498-FAX, ATTN: IACE Travel Asia Division
or mail to : info@iace-asia.com